## PUBLIC PROTECTION CABINET Kentucky Claims Commission (As Amended at ARRS, April 12, 2018)

## 802 KAR 3:010. Crime victims compensation.

RELATES TO: KRS 49.260 - 49.490, 216B.015, 216B.400

STATUTORY AUTHORITY: KRS 49.020, 49.300(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 49.300(1) <u>authorizes[requires]</u> the commission to promulgate administrative regulations that are necessary to carry out the provisions of KRS 49.270 through 49.490. This administrative regulation establishes procedures for crime victims to file claims for compensation.

Section 1. Filing Claims. (1) A claim shall be:

- (a) Legibly written, typed, or printed on the Crime Victim Compensation [Claim] Form;
- (b) Signed by the claimant; and
- (c) Filed by mail, electronic mail to crimevictims@ky.gov, or delivered in person to the commission.
  - (2) If applying for lost wages or loss of support, a claim shall be supplemented by:
  - (a) A notarized Employment Verification form; and
  - (b) If requested by commission staff:
  - 1. A Physician Statement form; or
  - 2. A Mental Health Counselor's Report[Counselor] form.

Section 2. Kentucky Medical Assistance Program. (1) The commission shall cross-reference every claim with those claims that appear in the Kentucky Medical Assistance Program (KMAP) database maintained by the Cabinet for Health and Family Services.

- (2) If a crime victim is covered by Medicare or Medicaid, the commission's staff will provide the commission a list of:
  - (a) All itemized medical charges for which that victim seeks compensation; and
  - (b) The victim's services covered by medical assistance as reported in KMAP.
- (3) Upon making an award to a Medicaid-eligible crime victim, the commission shall not consider any medical bills submitted by or on behalf of the victim for any KMAP-covered services.
- (4) If the commission makes an award to a victim who received medical assistance for a KMAP-covered service, the KMAP as final payor shall not be responsible for the payment of any portion of that claim awarded by the commission.

Section 3. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a) "Crime Victim Compensation Form", February 2018;
- (b) "[Crime Victim] Employment Verification", February 2018;
- (c) "[Crime Victim] Physician Statement", February 2018; and
- (d) "[Crime Victim] Mental Health Counselor's Report", February 2018.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Claims Commission, 130 Brighton Park Boulevard, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. and is available online at http://cvcb.ky.gov/Pages/default.aspx.

MARCUS CAREY, Chairman DAVID A. DICKERSON, Secretary

APPROVED BY AGENCY: February 14, 2018 FILED WITH LRC: February 15, 2018 at 10 a.m.

CONTACT PERSON: G. Mitchell Mattingly, Kentucky Claims Commission Attorney, 130 Brighton Park Blvd, Frankfort, Kentucky 40601, phone (502) 782-8255, fax (502) 573-4817 email mitchell.mattingly@ky.gov.